

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Sequence Submission?:: No
Computer Readable Form
(CRF)?:: No
Title:: Optical Communication Apparatus and Method
Attorney Docket Number:: 111460.125CIP
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 3
Total Drawing Sheets:: 5
Small Entity?:: Yes
Petition Included?:: No

Applicant Information

INVENTOR 1

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Axel
Family Name:: Tillmann
City of Residence:: Upton

State or Province of Residence:: Massachusetts
Country of Residence:: United States
Street of mailing address:: 3 Kensington Way
City of mailing address:: Upton
State or Province of mailing address:: Massachusetts
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 01568

INVENTOR 2

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Vladimir
Family Name:: Novikov
City of Residence:: Worcester
State or Province of Residence:: Massachusetts
Country of Residence:: United States
Street of mailing address:: 9 Summerset Street
City of mailing address:: Worcester
State or Province of mailing address:: Massachusetts
Country of mailing address:: Untied States
Postal or Zip Code of mailing address:: 01609

Correspondence Information

Correspondence Customer

Number:: 23483
Phone number:: (617) 526-6000
Fax Number:: (617) 526-5000
E-Mail address:: gary.walpert@haledorr.com

Representative Information

Representative Customer

Number:: 23483

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation in Part	10/054,216	November 13, 2001
10/054,216	Continuation in Part	09/360,224	July 23, 1999
09/360,224	Continuation in Part	09/228,015	January 11, 1999

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
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Assignment Information

Assignee name::	Novilit, Inc.
Street of mailing address::	230 Maple Street
City of mailing address::	Marlborough
State or Province of mailing address::	Massachusetts
Country of mailing address::	United States
Postal or Zip Code of mailing address::	01752